

CLAIMS ONLY								Application Number		Filing Date	
								Applicant(s)			
								* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend					
1	1		1								
2		1		1				51			
3		1		1				52			
4		1		1				53			
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45								94			
46								95			
47								96			
48								97			
49								98			
50								99			
Total								100			
Indep			1					Total			
Depend			17					Indep			
Total			18					Depend			
Claims								Total			
								Claims			

Best Available Copy